

## **SECTION 11. FAMILY PLANNING SERVICES**

Family planning is defined as any medically approved diagnosis, treatment, counseling, drug, supply, or device prescribed or furnished by a provider to individuals of child-bearing age to enable such individuals to freely determine the number and spacing of their children.

When billing family planning services, providers must:

- Use a diagnosis code in the range of V25 through V25.9; and
- Enter “FP” in field 24H on the CMS-1500 or the appropriate field if billing electronically.

### **COVERED SERVICES**

A provider may bill as a family planning service the appropriate office visit code which includes one or more of the following services.

- Obtaining a medical history
- A pelvic examination
- The preparation of smears such as a Pap Smear  
**Note:** Obtaining a specimen for a Pap smear is included in the office visit. Screening and interpretation of a Pap smear can be reimbursed only to a clinic or certified independent laboratory employing an approved pathologist, or to an individual pathologist.
- A breast examination
- All laboratory and x-ray services provided as part of a family planning encounter are payable as family planning services.
- A pregnancy test would be family planning related if provided at the time at which family planning services are initiated for an individual, at points after the initiation of family planning services where the patient may not have properly used the particular family planning method, or when the patient is having an unusual response to the family planning method.
- HIV blood screening testing performed as part of a package of screening testing and counseling provided to women and men in conjunction with a family planning encounter is reimbursable as a family planning service.

### **COPPER INTRAUTERINE DEVICE (IUD) (PARAGARD T380 – A)**

The fee for procedure code 58300 covers insertion of the IUD. Procedure code J7300, Intrauterine Copper Contraceptive, should be billed for the purchase of the IUD. A copy of the invoice indicating the type and cost must be attached to the claim for manual pricing.

Code J7300 is to be used by physicians, nurse practitioners, nurse midwives, federally qualified health centers (FQHCs) and provider based Rural Health Clinics (RHCs). A National Drug Code (NDC) should **not** be used to bill for the device.

The appropriate office visit procedure code may be billed for the removal of the IUD. (Procedure code 58301 is not a billable procedure as payment for the service is included in the office visit procedure code.)

### **LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA)**

Physicians, nurse practitioners and nurse midwives must bill for the system on the Pharmacy Claim form using the National Drug Code (NDC).

FQHCs and Provider Based RHCs bill using procedure code J7302.

### **DIAPHRAGMS OR CERVICAL CAPS**

The fitting of a diaphragm or cervical cap is included in the fee for an office visit procedure code. The cost of the diaphragm can be billed using procedure code A4266. The cost of the cervical cap can be billed using procedure code A4261. An invoice indicating the type and cost of the items must be sent with claims for these services for manual pricing.

### **NORPLANT SYSTEM**

The following procedure codes are for insertion only, removal only, or removal with reinsertion only and do not include reimbursement for the device.

- 11975 - insertion, implantable contraceptive capsules
- 11976 - removal, implantable contraceptive capsules
- 11977 - removal, implantable contraceptive capsules with reinsertion

All providers except FQHCs, provider-based RHCs and hospitals (outpatient services), must bill the Norplant device on the Pharmacy Claim form using the package NDC number. FQHCs and provider-based RHCs must bill procedure code A4260 for the Norplant device.

**An office visit code may not be billed in addition to any of the Norplant procedure codes.**

### **VAGINAL RING**

Physicians, nurse practitioners and nurse midwives must bill for the item on the Pharmacy Claim form using the National Drug Code (NDC).

FQHCs and Provider Based RHCs bill using procedure code J7303.

### **DEPO-PROVERA INJECTIONS**

Depo-Provera injections should be billed on the Pharmacy Claim Form using the National Drug Code (NDC). FQHCs and provider based RHCS bill the injection using the appropriate injection "J" code.